

SUMMARY OF ESTIMATED ADDITIONAL COSTS/INCOME FOR PROPOSED PROGRAM

Institution: _____ **Date:** _____

Program/Unit: _____

FTE = Full Time Equivalent (use the institution's standard definition and provide that definition.

EXPENDITURES								
	FIRST YEAR		SECOND YEAR		THIRD YEAR		FOURTH YEAR	
	AMOUNT	FTE	Amount	FTE	AMOUNT	FTE	AMOUNT	FTE
Faculty	\$		\$		\$		\$	
Graduate Assistants								
Support Personnel								
Fellowships and Scholarships								
SUB-TOTAL EXPENSES	\$		\$		\$		\$	
	AMOUNT		AMOUNT		AMOUNT		AMOUNT	
Facilities	\$		\$		\$		\$	
Equipment								
Travel								
Supplies								
SUB-TOTAL	\$		\$		\$		\$	
GRAND TOTAL EXPENSES	\$		\$		\$		\$	
REVENUES								
Amount & Percentage of Total Anticipated From:	AMOUNT	%	AMOUNT	%	AMOUNT	%	AMOUNT	%
State Appropriations	\$		\$		\$		\$	
Federal Grants/Contracts								
State Grants/Contracts								
Private Grants/Contracts								
Tuition								
Fees								
Other (specify)								
TOTAL	\$		\$		\$		\$	